

Pension Benefits Section
Department of Labor and Industries
PO Box 44281
Olympia WA 98504-4281



VERIFICATION OF SCHOOL ENROLLMENT

Phone: (360) 902-5119
FAX: (360) 902-5156

*This form must be completed by the school and submitted every school quarter. It is **not** to be completed until the quarter has started.*

Part A - To be completed by the student

Worker's name		Folio number	Claim number
Student's name		Phone ()	Social Security No (for ID only)
Student's address			✓ here if new address <input type="checkbox"/>
City		State ZIP + 4	
Have you ever been married? <input type="checkbox"/> Yes <input type="checkbox"/> No		I understand that I must notify the department immediately if my status as a FULL TIME student changes, if I become married, enlist in the military or otherwise emancipated to avoid an overpayment which I will be required to pay from the date of the status change.	
If "Yes"; date _____			
Have you been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date _____ Signature of student _____	
If "Yes"; date _____			

Part B - To be completed by a school official (preferably the registrar)

The above named student is enrolled and attending the following school:

Name of school:		
School mailing address		
City		State ZIP + 4
Quarter begin date	Quarter end date	Enrolled with _____ credits
Enrolled and attending as a <input type="checkbox"/> Full time student <input type="checkbox"/> Part time student		Anticipated graduation date
Comments:		
School Seal	Printed name of school official	
	Title	
	Phone ()	Date
	Signature	